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DR. MARSHALL HALL ON TUBERCLE.

(Concluded from page 109.)

I NOW proceed to treat of the

V. *Signs and Symptoms of Tubercles.*—The *signs* of external tubercle are, principally, insidious and slow inflammation, suppuration, and ulceration, followed by a red indented cicatrix, and situated—1, in the absorbent glands—of the neck, the groins, &c.; 2, in the joints—of the wrist, the ankle, the elbow, the knee, &c.; and 3, in the bones—of the finger, arm, leg, &c.

The further signs of this disease are those of the tuberculous *diathesis:* the tumid, cracked lip; the red, denuded eyelid; the florid complexion; the precocious mind, &c.; or similar appearances in other members of the family.

The *symptoms* of tubercles are very peculiar, and have not been sufficiently noticed by practical writers.

Before the stethoscope can detect the existence of tubercles in the lungs, the constitution of the patient frequently takes the alarm, and the functions of the circulation and of the respiration become slightly accelerated, or are easily hurried. I have frequently observed that, with a complexion which is apt to alternate between the pallid and the vivid, there is a degree of sensitiveness to cold, of susceptibility of the effects of heat, of breathlessness on moving quick or ascending a hill or staircase, and of cough; this cough is frequently slight, hacking and dry, and scarcely or not at all observed by the patient or friends. In other cases, and especially in females, the countenance is pallid, with the slightest waxen or lemon hue, a tendency to blue lividity observed in the lips and at the roots of the finger nails, and a disposition to coldness of the extremity of the nose, the ears, and the hands and feet. These changes are frequently so insidious that they are apt to be first observed, not by those who are in the daily habit of seeing the patient, but by some one who sees him after a certain interval and is struck by the change.

Even at this early period I have frequently found, on inquiry, that the catamenia have ceased. And I would observe, that this cessation of the uterine discharges is generally, or at least frequently, complete at once; unlike the case of disorder of the general health, in which the flow becomes very slowly paler and more scanty, and, except in chlorosis, not ceasing altogether, and even in that disorder, generally very

gradually. This is the more remarkable because the condition of the uterus, under the influence of tuberculous disease, is one of great proneness to conception, a change which has, in its turn, a reflex action in arresting the progress of the tuberculous affection.

The fever which accompanies phthisis, like other symptomatic fevers, and unlike all pure and primary fevers, is frequently unattended by muscular debility, or by affection of the head, or of the digestion. There is no headache, or vertigo, and the patient often continues to walk or to ride to the last. There is a degree of feebleness and stooping observed in the gait, very early in the disease; and this remains little augmented, until the colliquative perspiration or diarrhœa bring with them their own debility and emaciation.

Tuberculous disease in the abdomen is greatly characterized by three symptoms:—1, great tendency to coldness and lividity of the extreme parts of the body; 2, a frequent pulse; and 3, slow but progressive emaciation.

The aspect of the countenance is altogether peculiar, especially in cold weather, together with an obvious emaciation and expression of languor and disease; the end of the nose is livid in color, and cold to the touch; and there is, in general, either paleness or a slight degree of flushing.

Similar observations may be made respecting the general surface. There is emaciation; the skin is soft, and apt to become moist, and there are generally perspirations during sleep, especially in the early part of the morning; to prevent this perspiration the patient frequently endeavors to keep awake; there is an undue sensibility to cold observed on the slightest unexpected exposure—as the opening of a door—and the patient usually creeps over the fire; sometimes I have observed the back part of the hands, and the fore part of the legs, to assume a peculiar brown color, from being burnt by this constant exposure to heat; the hands and fingers are apt to be extremely livid and cold.

The mode of walking is peculiar, being attended by stooping, weakness and caution. The pulse is always frequent, and generally regular. It is earlier and longer frequent, in tuberculous affection of the abdomen, than in that of any other cavity. I have known the pulse to be between one hundred and one hundred and twenty for several years. The emaciation in tuberculous disease of the abdomen is uniformly, but very slowly, progressive. It is accompanied by a state of unvaried debility; and in the latter periods of the disease, by some œdema, generally observed more in one leg than the other. The catamenia simply become scanty, or cease, without undergoing the changes observed in some cases of disorder of the general health. There are altogether a peculiar appearance of the countenance, a peculiar mode of walking, and a peculiar attitude and manner in general, all denoting debility and great disease; if to these be added the peculiar sensibility to cold, and tendency to coldness and lividity of the extreme parts of the body, the very general emaciation, and the habitual frequency of the pulse, it is scarcely possible to mistake the nature of this disease.

Tuberculous affection of the encephalon, can, I believe, only be sus-

pected and distinguished from insidious inflammation, or the slow formation of tumors, by observing the concurrent existence of tubercles, or of some other strumous affection, in other parts of the body. Or, if there do exist symptoms which distinguish this morbid affection within the head, they have not hitherto been noticed with accuracy. It is in the case of suspected tubercles of the encephalon, or spinal marrow, that the law ascertained by M. Louis is so valuable: are there signs or symptoms of tubercles in the lungs? According as this question is answered affirmatively or negatively, is the probability that the case is one of tubercles of the other organ.

I must now beg your attention to a few observations upon

VI. *The Prevention and Treatment of Tubercles.*—This question is one of the deepest interest. That tuberculous formation has been prevented in some instances, and that it has been cured in others, is undoubted. The principles upon which these events have been effected, are:—

1. The removal of the *causes.*
2. The correction of the *diathesis.*
3. The *local* treatment.

The modes of avoiding the causes of tubercles will be readily understood, by reverting to the enumeration of those causes which has been already given.

The cold, damp, soil, or air, the insufficient food, clothing, exercise, air, diet, light, &c., are to be exchanged for the opposite order of things.

The second object seems to be best accomplished by the free exposure to the country air, or sea breezes; by first stimulating the general surface of the body by sponging with salt water, and using a coarse towel, and then by protecting it by flannel and proper clothing; by keeping up tone and strength of the system, by an animal diet, regular exercise without fatigue, early hours, by frequent journeys, voyages, change of scene, total change of abode, &c.

For the sponging I advise an ounce of common salt to be dissolved in one pint of water; with this the patient is to sponge the whole surface of the body, using it warm in winter, tepid in spring and autumn, and cold in summer; a very coarse towel is then to be used actively, so as to induce a general glow of warmth over the system. The *feet* may be rubbed last, until they glow. The towel may be dipped into such a solution of salt, and be allowed to dry, before it is used.

The sponging is to be repeated every morning; it may also be repeated, *as the most effectual remedy for the colliquative perspiration of tuberculous patients,* in the night, or early part of the morning. After this the patient may remove to another bed, and will frequently pass the remainder of an otherwise wearisome night, in a comfortable and refreshing sleep.

The general surface should be protected by flannel—waistcoat and long drawers; the upper clothing must vary with the season.

The diet should consist of mild animal food.

Travelling, or the sea breezes, or, best of all, a sea voyage to the West Indies, constitute the most important remedy in incipient tubercle.

The change, the tonic air, the milder climate, do good. Would it were possible to accomplish these things for our pauper patients. I do think that if we could convey our patients to a large ship at sea, and leave them there for a time, instead of landing them upon a heated island, much good might sometimes be accomplished. Such an enterprise is worthy of a great nation's attention.

In addition to these plans, the frequent, or steady use of the quinine, appears to me to be of great efficacy.

In regard to *local* remedies, I must observe that they are principally useful when applied to the thorax. In incipient phthisis I have found two such remedies of great advantage. The first is an ammoniacal *liniment*, the second the alcoholic *lotion*.

The liniment should be well applied, for half an hour, night and morning.

The lotion should be applied across the sub-clavicular regions, in small quantity, every half hour.

As I would not excite hopes which may not be realized, I can only further observe, that of all the *remedies* in phthisis, I consider the liniment and the lotion as the most important. For the tuberculous diathesis I believe *the sea* to be the principal remedy.

This subject will come under our notice once more, when I speak of *phthisis*, and will then be treated at much greater length.

CARCINOMATOUS SARCOMA IN THE MUSCLES OF THE ARM.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I herewith send you an account of an interesting case which has recently occurred in the practice of my medical instructer, Dr. Twitchell, of this place, which, if you think proper, you are at liberty to publish.

I am, Sir, most respectfully, your obt. servt.

Keene, N. H., March 15, 1838. Chas. Vose Bemis.

21st February, 1838. I—— P——, a man of 22 years of age, presented himself with a disease of the left arm. He says that about three years since, in lifting a heavy weight, he sprained the shoulder joint of this arm severely—and a day or two afterwards, he was exposed to cold and wet, which, he thinks, had some effect in aggravating the injury. The functions of the joint remained somewhat impaired for about two months after this accident; at the expiration of which time he perceived several hard gristly prominences on the arm, near the insertion of the deltoid muscle. These gradually increased, and subsequently coalesced—so that a hard, gristly ridge completely encircled the arm at this part. The swelling gradually extended upwards and downwards; so that ultimately the whole upper arm, and portions of the muscles over the scapula, and of the pectoralis major, became implicated in the disease. The arm is nearly three times larger than the other. The glands in the axilla are a little larger and harder than is natural. The swelling is hard and firm; it does not give the irregular, scaly feeling of osteo-

sarcoma, but seems to be fibro-cartilaginous, rather than bony. The superficial veins over the diseased parts are much enlarged. The disease has been, almost unremittingly, attended with sharp, lancinating pain, extending downwards to the elbow joint, and upwards to the neck and back of the head; and the patient has been, at times, troubled with very severe headache, which he referred to the back of the head.

The patient has employed a variety of remedies, by the advice of different professional gentlemen. The arm has been freely leeched and cupped. He has taken largely of iodine, in the form of potass. hydriod.; an issue was kept open, for two or three months, on the lower part of the upper arm, the discharge from which was copious, consisting of thin, sanious pus. In short, all the remedies usual in such cases have been unavailingly exhibited, not even mitigating the pain. He is, of course, much emaciated and weakened; but his general health seems to be pretty good. The functions of the digestive organs are unimpaired; he has no cough; and auscultation gives the healthy sound. He is very desirous that an operation should be performed; and as it is thought the removal of the diseased parts will afford him some chance of at least temporary benefit, the operation of removing the arm, together with the scapula and a part of the clavicle, has been decided upon.

24th February. The operation was performed to-day, at ten o'clock. The axilla having been shaved, an incision was made through the integuments, commencing near the inferior point of the scapula, extending upwards and forwards, and passing about two and a half inches in front of the coracoid process; another incision, commencing over the middle of the clavicle, was carried downwards and forwards to meet the first. The integuments were then dissected up from over the clavicle—this bone was sawed through, with Hey's saw, at about its middle, and disarticulated from the scapula. The subclavian artery, which had been compressed on the first rib, was easily secured. The integuments were next dissected up from over the scapula—that bone was removed from its attachment on the under side; and the sub-scapular artery, and two small branches which required the ligature, were secured. The operation was concluded by forming a small portion of flap from the axilla. The whole operation occupied 25 minutes—part of this time was lost on account of the fainting of the patient. Not more than half a pint of blood was lost.

On dissection it was found that the muscles of the upper arm, with the exception of a small part of the biceps flexor cubiti, were entirely converted into a hard, fibro-cartilaginous mass, through which irregular striated lines passed in different directions. The inter-muscular fascia seemed to have resisted the disease longest—it could be distinctly made out in many places. The brachial artery was unobstructed, but its coats were converted into something very like cartilage. The articular cartilages of the shoulder and elbow joints were partially absorbed. On the outer side of the fore arm two or three small indurated spots were observed; which, when cut into, were found to correspond in appearance to the disease on the upper arm. The os brachii was of the natural size, but very rough and fragile; it was accidentally broken at the

neck, during dissection, by the fingers. The disease was undoubtedly carcinomatous sarcoma.

The patient supported the operation very well. Immediately on its conclusion he was put to bed, and tinct. opii gtts. 70, were directed.

4 o'clock, P. M. The patient, considering the circumstances, is comfortable. Reaction has come on moderately. Breathing regular. Pulse 82, full. He is somewhat incommoded by spasmodic twitching in the wound. An opiate was ordered at bed-time.

The dressings were removed 72 hours after the operation. Union by the first intention had taken place. There was no suppuration, except what was caused by the ulceration around the stitches. The ligature on the subclavian came away on the nineteenth day. Some portions of the cut surface around the ligature, which were not united by the first intention, healed kindly by granulation. The patient recovered his strength very rapidly—sitting up most of the time, and walking out, daily, after the removal of the ligature.

GERANIUM MACULATUM, DR. PARTRIDGE, &c.

To the Editor of the Boston Medical and Surgical Journal.

My Dear Sir,—In the late excellent prize dissertation of Dr. Oliver Wendell Holmes, of your city, on intermittent fever, which has recently been published, and which obtained the premium of fifty dollars from the Boylston fund, is a valuable and interesting letter from my venerable friend, Dr. Oliver Partridge, of Stockbridge, now about eighty-eight years of age, which has been read with great avidity and interest by the medical public. As I was instrumental in procuring that letter for Dr. Holmes, I hope he will not consider it impertinent in me for suggesting here the propriety of his forwarding to Dr. Partridge a copy of his dissertation, either through the representative from Stockbridge, or through me. I will transmit it to him soon with pleasure. As he is yet fond of reading medical books, it will afford him great pleasure in his declining years. Dr. Partridge in early life devoted all his attention to the profession of medicine, and was a most successful and observing practitioner. He was one of the early members of the Massachusetts Medical Society. When he retired from practice, he resigned his seat in that body. He was for many years a partner of the late Dr. Erastus Sergeant, of Stockbridge, formerly a Counsellor in our Society, and a most eminent physician. I wish Dr. Partridge could be induced to write a memoir of his distinguished partner and brother-in-law, for your Journal; and I wish, also, that some one who has the facts concerning the life of the late Dr. Henry Wells, of Montague, one of the most distinguished physicians we have ever had in Massachusetts, would furnish them for the same purpose.

I have just received another letter from Dr. Partridge, on the subject of the "cranesbill," the "crow-foot," and the "cow-parsnip," and he requests me to correct what he conceives to be important errors in relation to them in Thacher's and Coxe's Dispensatories. One great dif-

ficulty with the doctor, is a too rigid adherence to the vulgar or common name of these plants, which is always calculated to lead the inquirer astray, on account of being so extremely arbitrary and uncertain. It often happens that the same English or vulgar name refers to at least a dozen different plants, of opposite qualities. I find this to be constantly the case, while engaged, as I am now, in my leisure hours, in writing a Vegetable Materia Medica of this part of the country, in connection with other branches of the natural history of it, on a plan somewhat similar to that of the delightful work of White, on the Natural History of Selbourne. To show how extremely uncertain, and how little to be depended on, are the common or vulgar names of our plants, suffer me to mention a single example of the first plant which presents itself to my notice, the euphorbia corollata. It has at least the following vulgar names: blooming spurge, ipecacuanha, milkweed, picac, hippo, ipecac, persley, milk-purslain, white purseley, Indian physic, purge-root, emetic-root, bowman, apple-root, snakesmilk, pebeca, &c. &c. So of the garden violet, and innumerable other plants. Their common names "lead to bewilder, and dazzle to blind."

The cranesbill, *geranium maculatum*, to which the Dr. refers, is sometimes called the crow-foot geranium; and this might have led Dr. Thacher to the error of calling it crow-foot. The true crow-foot is a ranunculus, a very different plant from the geranium. There is a great source of perplexity in relation to the cow-parsnip. The great majority of botanists agree in calling the heracleum spondylium the true cow-parsnip. A great number of the people, however, call this the master-wort, and say it has no relation to the cow-parsnip. I have always been accustomed to consider the spondylium the true cow-parsnip. My neighbors and many eminent physicians think entirely different, and neither of us can convince the other that they are wrong. I wish Dr. Bigelow, or some other eminent botanist, would settle the point in your Journal. I use the heracleum in many complaints with success, and think it a very valuable medicine. We have two other plants growing here, which are called cow-parsnip, and royal cow-parsnip. One is the wild parsnip; the other the Smyrnium aurum, Alexanders. I wish to be set right upon the subject.

I hope Dr. Partridge may be induced to give the details of his cases of epilepsy for your Journal. I will cheerfully act as his agent in the business. I now hasten to give you the Doctor's letter.

Deerfield, March 12th, 1838. STEPHEN W. WILLIAMS.

DR. WILLIAMS.—Dear Sir: Mr. H. being here, induces me to write Nearly thirty years ago I thought that I must soon cease to practise physic, as we had two or three doctors come within our circle of practice; therefore I ceased buying books, and did not get the new Dispensatories, or rarely saw them, and then only for a few minutes. Lately have borrowed Thacher's and one of Coxe's Dispensatories, to amuse myself and see what is said of some new articles. Looking at cranesbill, a favorite astringent with me, I find that Dr. Thacher describes its use properly as a powerful astringent, but has made a terrible mistake in

saying that it is commonly called crow-foot. The cranesbill is a safe astringent medicine, but the crow-foot is a deleterious poison, blistering very readily, and dangerous to be used. It flowers, as he says, in the spring, and the flowers are yellow—but the cranesbill flowers through the summer, and the flowers are purple. His describing crow-foot for cranesbill increases the liability of its being mistaken, and endangering life, and it ought to be publicly corrected. Will you do it? Dr. Coxe says that cranesbill is improperly called crow-foot. Neither of them have crow-foot on their index.

I think I find another mistake in Dr. Thacher's Dispensatory. He says that Dr. Orne first brought cow-parsnip into notice for the cure of epilepsy, and then describes masterwort as the article Dr. Orne used. Is it probable that he did use the roots of masterwort, calling it cow-parsnip? Dr. Coxe has copied from Dr. Thacher. Neither of them have masterwort on their indexes. If the mistake is with them, and cow-parsnip was used by Dr. Orne, I have no desire to detract from Dr. Orne any merit due him if he used the cow-parsnip; but I can say that the seeds of cow-parsnip (the most effective part) effected a cure of the epilepsy in my father's family in the year 1759, and have ever been a sure medicine with me (but never a nostrum) ever since the year 1774, and used as a stomachic, antispasmodic, and especially to cure the epilepsy, under the age of puberty.

I have lately thought that it would not be presuming too much in me to give an account of what I know of the first use of this article, and of another of efficacy (never yet publicly noticed), together with some cases of their good effects, to the Medical Society, or get my friend Fowler to do it.

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I am greatly favored by being yet able to wait upon myself (born April, 1751). I have eat milk night and morning ever since 1812, when despaired of and saved by a large ulcer being discharged by an opening between the ribs. Not so much of palsy but that the most of my scribbling is legible.

When I began this, I expected not to be interrupted, but it has been otherwise. Excuse it from your friend, OLIVER PARTRIDGE.

Stockbridge, Feb. 24th, 1838.

MORAL INSANITY.

THE following remarks on this interesting subject are from Dr. Woodward's last annual report, and are well worthy the attention of every medical man.

"Moral insanity has, to this time, received very little attention in this country, although many decisions of our courts have been predicated upon it, because the evidence of insanity, displayed in all the conduct of the individuals arraigned before them, has been marked and unequivocal, though no delusion or hallucination has been proved. When an insane man is brought before the proper tribunal for committal to

this hospital, the question—whether the man is under the influence of a delusion of the senses or of the judgment—is not asked—but whether he is dangerous to be at large. With direct reference to this subject, I have examined the records of this hospital, and am satisfied, that at least one fourth of the cases of mania committed by the courts, belong strictly to the class of moral insanity. In practice, therefore, this class of insanity is recognized, although in theory it is not.

"Insanity is a physical disease. The operation of the feelings and passions depends upon the physical system no less than the understanding. By physical disease the understanding becomes affected. The senses often become false guides, the perceptions are mistaken, and the judgment becomes false and impaired. Is it not well known that the passions and propensities are even more affected by disease than the mental powers? Is it unphilosophical or irrational to suppose, that these faculties can be subject to such impairment, as to be beyond the control of the reasoning powers and the judgment? If not, then, when in that condition, they must render the individual irresponsible.

"It is rare that the paroxysm of excitement, with an insane man, is so great as to be beyond the power of control, if a motive sufficiently strong could be presented at the moment. This has often led me to remark, that no insane man is beyond the reach of a motive, if the motive is presented in the right time and the right manner.

"The case No. 8, in the report for 1836, is one that illustrates this view of the subject, as well as being a fair case of moral insanity. It was a long time before the influence used with this man could induce him even to wear clothes, or be an hour with a companion. Difficulties were constantly arising with him from the most trifling causes. Motives were frequently presented to him, in the kindest manner, which would greatly promote his comfort and happiness, but in vain; he could not control his feelings or passions. After a long time, he was persuaded to accept a highly advantageous offer; the motive proved sufficient for his self-control, and he now, for the first time, fulfilled his pledge. From a naked, raving maniac, he was soon transformed into a respectable mechanic, continued to perform all that was desired of him for a suitable time, and was discharged from the hospital. I lately received a letter from this man; he has labored constantly since he was discharged, and is now in all respects well.

"Case 2d. Another person, the subject of a cure not less remarkable, left the hospital in the autumn. The patient was a seaman; when on a voyage, he had received an abuse from his captain, for which he received one thousand dollars damages. By his friends, and by the court, he was considered insane when this outrage was committed. When in the hospital for a year, he was a most troublesome and dangerous man; his disposition to injure others, both attendants and inmates, was such, that we were compelled to confine him, much of the time, in a strong room. He would frequently converse rationally, and express deep regret that he was not able to command his temper. Some time in the summer, having committed a serious assault on his attendant, he had been confined for a length of time. On my visit to

him one morning, I said to him, 'I am now about to make you a new, and perhaps the last proposal for indulgence. I have taken your word many times, but you have violated your pledge; I make you this offer, because I believe it to be in your power to govern yourself better. I believe you can be useful to your friends, and a respectable member of society. I also wish to show you that we all feel deeply interested in your welfare and happiness.' He heard the proposal with deep interest, and with considerable feeling promised to conduct in all respects with propriety and decorum. He was admitted into the wing, and received every indulgence consistent with the rules of the hospital. For some days he conducted well. At this time I took a journey of a few days. On my return I found him in the strong room; he had had an outbreaking in my absence, and my assistant found it necessary to confine him. On my first visit to him, after my return, I said little to him. On the second, I expressed my regret at finding him again secluded, and said to him, as I was not present myself to see how well he could conduct under his new pledge, I would again permit him to go into the wing if he chose. He said, in a subdued tone, that he should be grateful to do so, and burst into a flood of tears. I then renewed my promise to him, and offered him every indulgence and every encouragement in my power. He was deeply affected, and assured me, in the most solemn manner, that he would never again abuse my confidence, but would effectually control himself. From this time he behaved with perfect propriety, labored regularly every day, and frequently quite alone. After some weeks he left the hospital, a very pleasant, grateful, and happy man.

"In these, and many similar cases, we could never discover any hallucination of the mind. In this form of insanity, moral means, rightly adapted, can accomplish much. The inculcation of self-respect and self-control, daily and constantly, will have its influence, and effect its object, if persevered in with a right spirit, after the confidence of the patient is gained.

"Besides this *disease* of the moral powers, there seems to be, in some cases, something like MORAL IDIOCY, or such an imbecile state of the moral faculties, from birth, as to make the individual irresponsible for his moral conduct. The persons to whom I allude have rarely much vigor of mind, although they are by no means idiots in understanding. Of the idiots that have come under my care, there have been some, whose minds are very imbecile, who seem to have considerably correct views of moral obligation, and whose moral powers are susceptible of culture. There are others, who, having much better powers of understanding, are capable of learning to read, and of understanding what they read, yet seem to have little or no moral sense.

"We have had both these forms of idiocy in the hospital. I have also been consulted in a number of similar cases abroad, and have seen a few young children, considered insane or idiotic, whose propensity to mischief was remarkable, and constituted the principal feature of disease."

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LECTURES ON LITHOTOMY.

Two more lectures, by Dr. Stevens, of New York, belonging, we trust, to a long series of surgical observations which are to emanate from the same high authority, were received in Boston the past week. These treat expressly of *lithotomy*, and were delivered at the New York Hospital in the month of December last. In the first lecture the author commences by giving a paragraphic description of the several modes which have been practised for extracting stone from the bladder. Next, he speaks of the *lateral operation*. Then come the statistical results of the operation. Pouteau estimated the fatal results of operations for stone, at 1 in 40; Bichat, at 1 in 6, 8, and 9; Douglass, Cheselden, and Middleton, at 1 in 6 in the high operation, combined, says Dr. Stevens, with "incision in perinæo." Dr. Dudley, of Kentucky, has operated for the stone *one hundred and fifty-three times*, and only four cases proved unsuccessful. Without claiming to be the first, Dr. D. certainly takes the rank of the first lithotomist of the age. He uses Mr. Cline's single, flat-winged gorget, which cuts only on one side. Causes of death after the operation; objections to the lateral operation, accompanied by illustrative cases, constitute an important part of the first lecture. Under the several divisions of—1st, the various modes of performing the lateral operation; 2d, hemorrhage; 3d, urinary infiltration; and sinking in a bad constitution, is arranged the best part of the first discourse on lithotomy.

Dr. Stevens commences the second lecture by offering the profession a new instrument, for the bilateral section of the prostate gland, which in form resembles "a large olive, with a beak at the extremity, with cutting edges at the sides, parallel to its longest axis, and with a straight handle." A good idea of the shape of the knife, for such it really is, is gained from the lithographic picture in the first plate. Five plates are appended to these lectures, which are sufficiently plain to convey the author's views.

Dr. Stevens has had great experience, and the community entertain a profound respect for his various attainments; if, therefore, he can find leisure for systematizing his thoughts, and can at the same time detail the results of various surgical operations performed by himself, and show the advantages and disadvantages resulting from any particular mode, or point out a new and more safe course of relieving the afflicted by the art chirurgical, he will be sure of a niche in that temple of fame appropriated to the benefactors of the human race.

INFLUENCE OF MARRIAGE ON THE DURATION OF HUMAN LIFE.

The London Lancet, for January 13th, contains some interesting calculations upon this subject. They are based upon three exact documents, made in different countries and at different periods, and which prove, in the most convincing manner, that notwithstanding the anxieties and

cares which are connected, in both sexes, with the married state, and notwithstanding the mysterious curse, originally pronounced against the fair and frailer part of creation, still weighs heavily upon it (causing one woman out of every 108 who bring forth a child to perish), yet marriage contributes very remarkably to lengthen the duration of human life. The first document is that of Odier, whose observations on the mean duration of life in females, were made during the years 1761 to 1813 inclusive. From his tables it appears that the difference of life between married and unmarried females is, on an average (calculating marriage to take place at five different periods between the age of 20 and 40), five years; or, to place the fact in a stronger light, a young woman at twenty, by marrying, adds nine years and a half to the probable duration of her life; a woman at 40 adds two and a sixth years.

Departieux's tables relate to both sexes, and comprise a total of 48,540 deaths, from 1715 to 1744. From these it appears that the number of married men who die after the age of 20 is nearly *one half* less than the number of bachelors who die at the same period; and for 43 married men or widowers who attain the age of 90, we find only 6 unmarried men reaching the same age. The number of single women who die after the age of 20, is about *four* times greater than that of married females or widows dying after the same period; and 14 unmarried women only arrive at the age of 90, for every 112 married women or widows who attain that age. These tables not only show a remarkable difference in the mortality of the two classes between the ages of 20 and 30, when other causes doubtless have much influence in producing the effect among the married (such as their better worldly condition at that age, &c.), but also at later periods of life; for they show that taking 100 married and unmarried individuals, the number of those who live beyond the age of 45 is greater by 36.8 in the former class than in the latter.

The tables composed by Biches, at Amsterdam, comprise a period of 12 years, from 1814 to 1826, and coincide in a remarkable manner with those already referred to—the only difference in result being in the circumstance that the mortality of married women during the period at which they commonly become mothers, is now less than it was a century ago.

The facts thus established, upon the authority of carefully-taken records in France, Switzerland, and Holland, confirm the fact that the fulfilment of a pleasing duty, on the part of both sexes, is calculated to add many years to the probable duration of human existence.

Opium-Eating.—The habit of eating opium, once begun, is hardly ever relinquished; once a *Theriaki*, always a *Theriaki*. Opium-eaters generally begin with doses of half a grain to two grains, and gradually increase the quantity till it amounts to two drachms and sometimes more, a day; they usually take the opium in pills, but avoid drinking any water after having swallowed them, as this is said to produce violent colic. To make it more palatable, it is sometimes mixed with syrups or thickened juices; but in this form it is less intoxicating and resembles mead; it is then taken with a spoon, or is dried in small cakes. The effect of the opium manifests itself one or two hours after it has been taken, and lasts for four or six hours, according to the dose taken and the idiosyncrasy of the subject. In persons accustomed to take it, it produces a

high degree of animation, which the *Theriaki* (opium-eaters) represent as the acme of happiness.

The habitual opium-eater is instantly recognized by his appearance. A total attenuation of body, a withered, yellow countenance, a lame gait, a bending of the spine, frequently to such a degree as to assume a circular form, and glossy, deep-sunken eyes, betray him at the first glance. The digestive organs are in the highest degree disturbed; the sufferer eats scarcely anything, and has hardly one evacuation in a week! his mental and bodily powers are destroyed—he is impotent. By degrees, as the habit becomes more confirmed, his strength continues decreasing, the craving for the stimulus becomes even greater, and to produce the desired effect, the dose must constantly be augmented. When the dose of two or three drachms a day no longer produces the beatific intoxication, so eagerly sought after, they mix the opium with corrosive sublimate, increasing the quantity, till it reaches to ten grains a day; it then acts as a stimulant.

After long indulgence, the opium-eater becomes subject to nervous or neuralgic pains, to which opium itself brings no relief. These people seldom attain the age of forty, if they have begun to use opium at an early age. The torments of the victim of opium, when deprived of this stimulant, are as dreadful as his bliss is complete when he has taken it. Those who do make the attempt to discontinue its use, usually mix it with wax, and daily diminishing the quantity of opium, the pill at last contains nothing but wax.

New Work on Medicine.—The venerable Joseph A. Gallup, M.D., formerly a professor of the Theory and Practice of Physic in a medical institution, but more extensively known, it is apprehended, as the author of a valuable treatise on Spotted Fever, has circulated a prospectus of a new work in two volumes, the price of which will be five dollars, on the Practice of Medicine. Owing to the unsettled pecuniary state of the times, it was thought to be the most prudent course to trust to the direct patronage of the profession. We cannot feel otherwise than solicitous for the success of the subscription list, which we hope will give good evidence of the interest felt in the progress of science by those who profess to be its special advocates.

Rhinoplastic Operation.—This operation has lately been performed in St. Bartholomew's Hospital, by Mr. Skey. The patient was a female, 20 years of age, in whom the whole cartilaginous part of the nose, the alæ, and the septum, together with the integuments, were destroyed by an eroding lupus, which had commenced in infancy, but had now mostly disappeared. The flap of skin for the new nose was taken from the forehead, and presented the form of an ace of clubs, the pedicle of which was about half an inch broad, and directed upwards, outwards, and to the right; its point extended to the back of the nose. It was turned over, placed in its new situation, and secured by common sutures; it had no sensation, and was, for the moment, as pale as white marble. No sutures were applied to the wound of the forehead, and the latter was only covered with lint. After the operation, cold fomentations were applied, and pledgets of lint were introduced into the nostrils. The nose soon became warm, and assumed a more natural color. The wound in the

forehead daily became smaller, and two months after the operation, the only remaining difficulty was that the septum was not united to the upper lip, though it turned so much inwards that not the slightest disfiguration is produced by it.

Anonymous Communications.—The Southern Medical and Surgical Journal, in the course of some critical remarks on a communication of our friend at Billerica (which was signed X. X., and inserted in the 16th No. of our last volume), speaks as follows of the omission of real signatures to articles in the Journal. The remarks are worthy of attention, and we hope will receive it.

"A fictitious signature, or an anonymous piece, has no responsibility, and is, therefore, entitled to less credit than even an avowed source not the most creditable. Modesty in such a case would be perfectly insufficient; and should this have prevailed to such an extent, it should have stopped to blush, on giving the account. But we cannot get over the idea that when the proper name is withheld in such cases, there is a fear that on investigation, the truth of the statement might be found questionable. This custom, which has ever beset the Boston Medical and Surgical Journal with misfortune, we have always regretted. We blame not the editor, because we recollect his labors some years ago for the correction of this evil—this very great error in his correspondents and contributors. For the good of science, we hope the practice of anonymous signatures will soon be banished, at least from all medical journals."

Formation of a New Eyelid.—In the October number of the British and Foreign Medical Review, is an interesting description, with plates, of the formation of a new upper eyelid, supplied from the integuments of the temple, by Dr. Ammon, of Dresden, the editor of a Journal of Ophthalmology. It is the first account, on record, of this operation, which is very creditable to the talents and ingenuity of Dr. A.

Hydriodate of Potass.—In a patient who took the hydriodate of potass in excess (by his own direction), besides indigestion and severe headache, there occurred a peculiar state of his eyes. The pupils were dilated, and both the eyes were in a state of *incessant motion*. These motions strongly resembled those of a child who has congenital cataract, that is, constant oscillation. He found himself quite unable to fix them on any object. He also complained of constant headache. From these symptoms he slowly recovered. As to the hydriodate of potass, it is milder in its effects, less variable in its operation, and while it does not stimulate the nervous membrane of the intestines so much, it appears to exert less of that peculiar depressing influence occasionally witnessed after the exhibition of the tincture of iodine.

Simultaneous Vaccinations.—It is in contemplation, at the anniversary meeting of the Massachusetts Medical Society, in May, to recommend to the fellows, annually to commence, on a designated day, to vaccinate, in every town in the Commonwealth, *one month*, all the poor gratuitously.

Those who have been consulted in the matter, entertain the opinion that the project will meet with the cordial approbation of the members.

Fossil Remains.—A gentleman has shown us what is supposed to be the caudal extremity of a Saurian reptile, accidentally discovered in blowing a rock on the farm of Mrs. Job Deane, in Raynham, Mass. Nineteen vertebræ, only, remain; all the remainder, together with the skeleton, were presumed to have been broken into fragments by the explosion. If these interesting fragments had been noticed seasonably, and particularly by some one conversant with the history of such extraordinary memorials of the primitive world, the whole might have been reclaimed.

Medical Miscellany.—The introductory lecture at the opening of the session of the Medical College of South Carolina, by Thomas Y. Simons, M.D., is replete with good, plain, common-sense observations. Under the guidance of Dr. S. and his eminent coadjutors, the institution must go forward.—When the late Dr. Leitner was wounded and taken prisoner by the Florida Indians, they concluded to spare him on account of availing themselves of his future professional services, but a young savage who had lost a brother in the battle with Col. Taylor, seeing the doctor lying upon a blanket, shot him dead with a rifle.—Dr. Spooner, of New York, is the author of a treatise on the *art of manufacturing teeth*, which is thought to be useful for dentists. Also, the same writer has presented the profession with a treatise on surgical and mechanical dentistry. —Dr. Rolph, for whose apprehension the Canadian Government offered 500 pounds, has commenced the practice of medicine in the city of New York.—A child at Pompton Plains, N. J., two years old, a few days since, coughed up a pewter button, which had been lodged in the larynx (it was supposed) three months before.—One case of confluent of small-pox has occurred, it is said, in the person of a student at Dartmouth College.—Dr. Early, of Galena, Illinois, was shot in a tavern quarrel, a few days ago. The wound is supposed to be mortal, although the sufferer was alive at the last accounts.—Mr. Barnett, the celebrated veterinary surgeon, has lately taken out an enormous wart, measuring nineteen inches in circumference and weighing three pounds and a half, from the abdomen of a valuable horse. In nine days the cure was complete.—Notice is taken in the English papers, of the success of Surgeon Franklin, in tying the femoral artery for the cure of popliteal aneurism.—The odious hospital tax on seamen, of twenty cents a month, which was suspended for one year, will be imposed again, according to law, in April. —Diseases of the lungs are prevailing quite extensively in the neighborhood of Boston.—Invalids are beginning to return north from tropical regions, where they have been passing the winter. There is great danger in arriving as far north as Boston, while the cold, damp, easterly winds prevail.—A case of a female with four mammæ and nipples has lately been presented in St. George's Hospital, London. Two were of the natural size and in the usual situation, and the other two, from which a milky fluid could be pressed, were about one sixth of the natural size, and situated near the anterior margins of the axilla.—An instance of reunion of the thumb, after a complete separation, excepting a small portion of integument, is related in the Lancet, as having occurred at the Westminster Hospital.

To Subscribers.—The following gentlemen are authorized to receive money due for the Boston Medical and Surgical Journal. Subscribers who are indebted, are requested to forward the amount due, either to the publisher or to one of these agents:—Mess. Duren & Thatcher, Bangor, Me.; Luke Howe, Esq. P. M. Jaffrey, N. H.; Israel Hinckley, Esq. P. M. Topsham, Vt.; Mr. Joseph Balch, jr. Providence, R. I.; Charles Hooker, M.D. New Haven, Ct.; T. O. H. Croswel, Esq. P. M. Catskill, N. Y.; S. Freeman, Esq. P. M. Williamstown, N. Y.; Mr. Charles S. Francis, bookseller, Broadway, New York; Mr. W. C. Little, bookseller, Albany, N. Y.; William A. Gillespie, M.D. Ellisville, Louisa County, Va.; Mr. L. Dwelle, Augusta, Ga.; S. Mayfield, M.D. Franklin, Tenn.; J. R. Bowers, Esq. P. M. York, Washtenaw Co. Mich.; Mess. Hedge & Lyman, Montreal, L. C.; Mr. Joseph Tardif, Quebec, L. C.; Mess. Carey & Hart, booksellers, Philadelphia, Pa.; Mr. Isaac N. Whiting, bookseller, Columbus, Ohio.

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Erratum.—On page 91, line 4, for *or* faintness, read *and* faintness. Page 92, line 17, for *and those formed*, read *from the sympathies towards those formed.*

Whole number of deaths in Boston, for the week ending March 24, 32. Males, 18—Females, 14.

Consumption, 7—throat distemper, 1—lung fever, 4—child-bed, 2—feebleness at birth, 2—apoplexy, 1—infantile, 1—dropsy on the brain, 1—marnasmus, 3—poison, 1—brain fever, 1—pleurisy fever, 1—inflammation of the bowels, 1—inflammation of the lungs, 2—croup, 1—inflammation of the brain, 1—inflammation of the pericardium, 1.

CAPSULES OF COPAIBA.

M. A. Mothes, of Paris, has lately invented, and now offers to the medical faculty, a method of administering the Balsam of Copaiba without taste or smell.

The pure balsam is enclosed in capsules of gelatin, which completely cover its taste and flavor, so that they may be swallowed with as much ease as any nice confection. They each contain eighteen grains of the balsam, so that the dose can be measured with great ease; they dissolve readily in the stomach, and are sure not to pass off by the intestinal canal, as is almost always the case with the solidified copaiba. These capsules are highly commended by the medical journals of Paris, and M. Mothes has the favorable testimonials of Drs. Segalis, Rostan, Ricort, Desruelles, Cullerier; Baron Alibert, MM. Lisfranc & Marjolin, who daily prescribe them, and who, in their lectures, have given the highest praise to his preparation. They are neatly put up in oval paper boxes, containing thirty-six, and are sold in Boston by the importer's agent, THEODORE METCALF,

4t—M 23 Apothecary, *No. 33 Tremont Row.*

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